

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-009970

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

042

Primary Registration District No.

1000

Registrar's No.

384

FILED APR 9 1962

## 1. PLACE OF DEATH

a. COUNTY

Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN St. Joseph

Length of stay in 1b  
11 years

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Missouri Methodist Hosp.

Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Buchanan

c. CITY OR TOWN St. Joseph

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
122 N. 13th St.

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED (Type or print)

First WILLIAM

Middle HOWARD

Last JORDON

4. DATE OF DEATH Month March Day 27, Year 1962

5. SEX male

6. COLOR OR RACE white

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH 7/25/1887

9. AGE (last birthday) 74

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
rancher

10b. KIND OF BUSINESS OR INDUSTRY ranch

11. BIRTHPLACE (City and state or country) Benton, Kansas

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Albert M. Jordon

13b. MOTHER'S MAIDEN NAME Aurella S. Mathers

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
no

16. SOCIAL SECURITY NO.

17. INFORMANT Address Eugene H. Jordon, 702 Hill, Grand Prairie, Texas

## 18. CAUSE OF DEATH (Enter only one cause per line. PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary occlusion ?

INTERVAL BETWEEN ONSET AND DEATH minutes

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

A.S.H.D.

years

DUE TO (c)

Arteriosclerosis, generalized

"

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Fracture left knee, left ribs. Pulmonary fibrosis, etc.

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 14 March '62 to 27 March '62 and last saw him alive on 27 March '62

Death occurred at 11:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

William P. McDonald, M.D.

22b. ADDRESS

301 N. 8th St. St. Joseph, Mo.

22c. DATE SIGNED

28 March '62

23a. BURIAL, CREMATION, REMOVAL (Specify) removal

23b. DATE 3/28/1962

23c. NAME OF CEMETERY OR CREMATORY

Enid

Oklahoma

24. FUNERAL DIRECTOR

ADDRESS

Heaton-Bowman, St. Joseph, Mo.

25. DATE RECD. BY LOCAL REG.

April 5, 1962

26. REGISTRAR'S SIGNATURE

Wm. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed William Spedding

Licensed Embalmer No. 4535

P. O. Address Joseph M.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.